Effective on 12/08/2004.

ursuant to the Consolidated Appropriations Act, 2005 (M.R. 4818).

FEE TRANSMITTAL

For FY 2005

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7-29-05

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PTC/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0551-0032

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Complete if Known Application Number 10/656,684 Filing Date September 5, 2003 First Named Inventor Jeff Miller

Applicant claims small entity status. See 37 CFR 1.27			Examiner Name	TUCKER, PHILIP C.	
			Art Unit	1712	
TOTAL AMOUNT OF PAYMENT	(\$)	180.00	Attorney Docket No.	HALB:045	
METHOD OF PAYMENT (check all that apply)					
Check Credit Card Money Order None Other (please identify):					
Deposit Account Deposit Account Number: 50-0807 Deposit Account Name: Karen B. Tripp, Attorney					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee					
Charge any additional fee(s) or underpayments of fee(s)					
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card					
information and authorization on PTO-2038.					
FEE CALCULATION					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES					
FI	LING FEES <u>Smail E</u>		RCH FEES EXA	MINATION FEES	5
Application Type Fe	2 (\$) Fee			Small Entity (\$) Fee (\$)	Fees Paid (\$)
Utility 30	0 150	500	250 20	0 100	
Design 20	0 100	100	50 13	0 65	
Plant 20	0 100	300	150 16	0 80	
Reissue 30	0 150	500	250 60	0 300	
Provisional 20	0 100	. 0		0 0	
2. EXCESS CLAIM FEES Small Entity					
Fee Description Fee (5) F					Fee (\$)
Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200					25 100
Each independent claim over 3 (including Reissues) Multiple dependent claims					180
Total Claims Extra Claims Fee (\$) Fee Paid (\$)				360 Multiple I	Dependent Claims
- 20 or HP =	× .	=		Fee (\$)	Fee Paid (\$)
HP = highest number of total claims Indep. Claims Extra	paid for, if gre Claims		Daid (8)		
3 or HP =	X CHOINING	Fee (\$) _ Fee	Paid (5)		
HP = highest number of independent claims paid for, if greater than 3.					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer					
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50					
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =					
A OYUED FEE(8)					
Non-English Specification, \$130 fee (no small entity discount)					
Other (e.g., late filing surcharge): Supplemental Information Disclosure Statement 180.00					
SUBMITTED BY Signature Registration No. 30,452 Telephone 713 658 9323					
					·
iame (Print/Type) Karen B. Tripp		$\cup U$		Date J	uty 27, 2005

Name (Print/Type) Karen B. Tripp Date July 27, 2005 This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief triformation Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandria, VA 22313-1450.

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